

Name in Full

Certificate of Death

Isse Elizabeth Anderson

Town

County

Died at

MARYLAND

Brunswick Fredrick
 Date 1898 6 26 Age 19 11 15 Native of Md Occupation Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 1

Husband of Bobt-C Anderson.

Father's Name John A Anderson Mother's Name Louisa Anderson

Cause of Death { Primary Immediate Consumption 22a How long sick 11 months
 Accident, Suicide, Homicide

Reported by C S Butler M D.

Address Brunswick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full

Certificate of Death

Joseph J. Cain

Died at ^{Town} *Plane # 4*

County

Fredricks

MARYLAND

Date 189 *8* Month *6* Day *16* Age *71* Y. M. D. Native of *Fredricks* Occupation *Farmer*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒ Number of children living *4*

~~Female~~ ☐ ~~Colored~~ ☐ ~~Single~~ ☐ ~~Widower~~ ☐

Husband of *Don't know wife name*

Wife *Don't know wife name*

Father's Name *_____* Mother's Name *_____*

Cause of Death { Primary *Paralysis* Immediate *4* How long sick *6 months*

Accident, Suicide, Homicide

Reported by *Dr J W Downey*

Address *New Market*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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